

ARIZONA CHILD FATALITY REVIEW DATA FORM
(2004 REVISIONS)

1. Code # _____ 2. Gender: ☐ Male ☐ Female ☐ Unknown 3. Date of death _____
4. Race: ☐ Asian/PAC Islander ☐ Black ☐ White ☐ Other ☐ American Indian - Tribe _____
5. Ethnicity: ☐ Hispanic ☐ Non Hispanic
6. Place of death (6a-c on death certificate): City _____ County _____
Hospital/Institution address _____
Did the death occur on a reservation? ☐ Yes ☐ No ☐ Unknown If yes, identify reservation: _____
7. Date of birth: _____
8. Residence: State _____ County _____ City _____ Zip _____ Country (If not U.S.) _____
Census Tract: _____
Type of residence at time of death: ☐ Parent home ☐ Relative home ☐ Foster home ☐ Residential/group care ☐ Correctional institution ☐ Shelter ☐ Acquaintance ☐ Homeless/runaway ☐ Other _____
9. Death Certificate Registration #: _____
10. Cause of death as listed on the death certificate:
Immediate cause _____
As a consequence of _____
As a consequence of _____
Other significant conditions _____
11. Place of injury: (line 56 of death certificate) _____
12. Location of injury: (line 57 on death certificate) _____
13. Was the death certificate adequately prepared? ☐ Yes ☐ No
If no, specify: Problem with demographics _____
Problem with cause of death _____
14. Does the cause of death on the death certificate agree with the medical record? ☐ Yes ☐ No ☐ N/A
If no, specify _____
15. Did the team agree with the cause of death? ☐ Yes ☐ No
If no, team's assessment of the underlying cause of death _____
16. Were there one or more chronic medical problem(s)? ☐ Yes ☐ No ☐ Unknown
If yes, specify _____
Did they contribute to the cause of death? ☐ Yes ☐ No ☐ Unknown
17. Were there significant developmental delays? ☐ Yes ☐ No ☐ Unknown
If yes, specify _____
Did they contribute to the cause of death? ☐ Yes ☐ No ☐ Unknown
18. If the case was not referred to the Medical Examiner for exam, should it have been? (Answer only if this was not referred to the ME.)
☐ Yes ☐ No ☐ Unknown
19. What was the manner of death on the death certificate?
☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Not answered on death certificate
20. Was an autopsy done? ☐ Yes ☐ No ☐ Unknown
If yes: ☐ Done by the Medical Examiners Office ☐ Done elsewhere
If no: ☐ Was not necessary ☐ Should have been done

21. Was toxicology done? ☐ Yes ☐ No ☐ Unknown
 If yes: ☐ Positive Findings/Comments _____
☐ Negative ☐ Unknown
 If no: ☐ Should have been done ☐ Not indicated
22. For children under 2 years of age, were x-rays done just prior to/or after death? ☐ Yes ☐ No ☐ Unknown
 If yes, what were the results? _____
 If no: ☐ Should have been done ☐ Not indicated
23. **Answer for all accidental, homicide, suicide, or undetermined manners of death. Do not answer for natural deaths, unless circumstances warrant review of CPS involvement.** Was there prior CPS involvement with the family? ☐ Yes ☐ No
 If yes: ☐ Open at the time of death ☐ Closed prior to death Prior reports: ☐ One ☐ Multiple
24. Family medical coverage: ☐ AHCCCS ☐ IHS ☐ Private Insurance ☐ Self Pay ☐ Unknown

ANSWER FOR ALL CHILDREN UNDER AGE 12 MOS, REGARDLESS OF CAUSE

25. Infant death: Birth Certificate Registration #: _____
 Multiple Birth: ☐ Yes ☐ No ☐ Unknown
 Maternal age: _____
 Gestational age at first prenatal visit (months): _____
 # Of prenatal visits: _____
 Birth weight (grams): _____
 Gestational age at birth (weeks): _____
 Smoking during pregnancy: ☐ Yes ☐ No ☐ Unknown
 Alcohol use during pregnancy: ☐ Yes ☐ No ☐ Unknown
 Substance use during pregnancy: ☐ Yes ☐ No ☐ Unknown If yes, specify _____

If a natural or medical death, complete #26, then skip to #38. If not a natural/medical death, skip to #27(all non-natural and unknown causes).

26. Was this a natural/medical death? ☐ Yes ☐ No
 (If yes, check all that contributed to death. If there are multiple causes for the death, please place # 1 next to the principle cause.)
☐ Infectious disease, specify _____
☐ Metabolic/Genetic, specify _____
☐ Prematurity, specify weeks gestation _____
☐ Neoplastic disease, specify _____
☐ Congenital condition, specify _____
☐ Cardiac disease, specify _____
☐ Respiratory disease, specify _____
☐ Renal/Urinary, specify _____
☐ Neurologic disease, specify _____
☐ Endocrine disease, specify _____
☐ Gastrointestinal disease, specify _____
☐ Hematologic disease, specify _____
☐ Perinatal condition, specify _____
☐ Other natural/medical causes, specify _____
☐ SIDS Put to sleep on: ☐ Back ☐ Side ☐ Stomach ☐ Unknown
 Setting: ☐ In home ☐ Child care facility ☐ Family childcare (5 or less) ☐ Other _____
 Care Taker: ☐ Parent ☐ Relative ☐ Non relative

Answer for all natural deaths:

Was environmental tobacco exposure a risk factor in this death? ☐ Yes ☐ No ☐ Unknown
 If yes, explain _____

Questions 27-37 pertain to all non-natural causes of death such as accidents, homicides, suicides, motor vehicle crashes, and violence; and unknown causes.

27. Was this death the result of **drowning**? ☐ Yes ☐ No (If yes, answer remainder of question #27)
 List type of drowning: ☐ Bathtub, ☐ Bucket, ☐ Canal, ☐ Lake/river, ☐ Multi-family private pool (i.e. apartment, condo), ☐ Private residence pool, ☐ Public pool, ☐ Toilet, ☐ Other _____
 If drowning occurred in a pool: Was the pool fenced? ☐ Yes ☐ No ☐ Unknown Was the lock secure? ☐ Yes ☐ No ☐ Unknown
 Was the yard fenced? ☐ Yes ☐ No ☐ Unknown Was the lock secure? ☐ Yes ☐ No ☐ Unknown
 Other fencing issues: _____
28. Was this death the result of a **fire or burns**? ☐ Yes ☐ No (If yes, answer remainder of question #28)
 Describe type of burn: ☐ Fire ☐ Chemical ☐ Hot Liquid
 If this was the result of a fire:
 What was the type of fire? ☐ Residential ☐ Business ☐ Motor Vehicle ☐ Other _____
 Were fire/smoke alarms present? ☐ Yes ☐ No ☐ Unknown ☐ N/A If yes, were they functional? ☐ Yes ☐ No ☐ Unknown
 Was this death the result of smoke inhalation? ☐ Yes ☐ No
29. Was this death the result of a **gunshot wound**? ☐ Yes ☐ No (If yes, answer remainder of question #29)
 Who shot the child? ☐ Self ☐ Parent ☐ Stepparent ☐ Relative ☐ Acquaintance ☐ Stranger ☐ Law Enforcement ☐ Other ☐ Unknown
 Who owned the gun? ☐ Self ☐ Parent ☐ Stepparent ☐ Relative ☐ Acquaintance ☐ Stranger ☐ Law Enforcement ☐ Other ☐ Unknown
 Was the gun locked? ☐ Yes ☐ No ☐ Unknown Where was the gun kept? _____
 How did child get the gun? _____
 Type of gun: ☐ Hand gun ☐ Semi Auto ☐ Shotgun ☐ Rifle ☐ Other _____
 What was the location of the shooting? ☐ Residence ☐ School ☐ Public place ☐ Other _____
30. Was this death the result of a **motorized vehicle crash**? ☐ Yes ☐ No (If yes, answer remainder of question #30)
 Type of vehicle: ☐ Automobile/Truck ☐ Motorcycle ☐ ATV ☐ Boat ☐ Airplane ☐ Jet ski ☐ Motorized Scooter ☐ Train
☐ Other _____
 Time of incident: _____ ☐ A.M. ☐ P.M.
 What was the position of the child in the vehicle? (Circle one, 1= Driver, 10 = Back of pickup)
☐ Unknown ☐ N/A - If N/A., was victim ☐ Pedestrian ☐ Bicyclist ☐ Other _____
- | | | | |
|----|----|----|----|
| | 07 | 04 | 01 |
| 10 | 08 | 05 | 02 |
| | 09 | 06 | 03 |
- Did the vehicle have restraints? ☐ Yes ☐ No ☐ Unknown ☐ N/A
 If yes, were restraints used appropriately? ☐ Yes ☐ No ☐ Unknown
 Did the vehicle have air bags? ☐ Yes ☐ No ☐ Unknown ☐ N/A
 If yes, did air bags deploy? ☐ Yes ☐ No ☐ Unknown
 If yes, did the air bag cause or contribute to the death? ☐ Yes ☐ No ☐ Unknown
 If no deployment, was the air bag switch on? ☐ Yes ☐ No ☐ Unknown
 Was there in-utero trauma? ☐ Yes ☐ No ☐ Unknown ☐ N/A
 Was age of driver a factor? ☐ Yes ☐ No ☐ Unknown ☐ N/A
 If yes, specify age _____
 Was any driver under the influence? ☐ Yes ☐ No ☐ Unknown ☐ N/A
 If yes, specify substance(s): ☐ Alcohol ☐ Marijuana ☐ Cocaine ☐ Sedative ☐ Methamphetamine ☐ Other _____
 Was the child a pedestrian in a crosswalk? ☐ Yes ☐ No ☐ Unknown ☐ N/A
 Was the child a pedestrian in a driveway? ☐ Yes ☐ No ☐ Unknown ☐ N/A
 Were there adverse environmental conditions? ☐ Yes ☐ No ☐ Unknown
31. Was death the result of a **non-motorized vehicle crash** (Crash that did not involve a motorized vehicle)? ☐ Yes ☐ No
 If yes, what was the type of vehicle? ☐ Bicycle ☐ Skateboard ☐ Roller-skates (roller blades) ☐ Scooters (non-motor) ☐ Snow board
☐ Skis ☐ Other _____
32. If death was the result of #30 or #31, was a helmet worn? ☐ Yes ☐ No ☐ Unknown ☐ N/A

33. Was this death the result of any of the following? **Answer question 33 only if questions 27-31 were answered "no".**

If there are multiple causes for the death, please place # 1 next to the principle cause

- ☐ Animal/insect/reptile bites, stings or other injury Describe: _____
- ☐ Choking If yes, identify item child choked upon: _____
- ☐ Blunt force trauma ☐ Abdominal ☐ Head ☐ Other _____ Describe: _____
- ☐ Exposure If yes, was this due to: ☐ Border crossing ☐ Child in car ☐ Other outdoor exposure _____
- ☐ Electrocution Describe incident: _____
- ☐ Fall Describe incident: _____
- ☐ Hanging Describe incident: _____
- ☐ Head injury Describe incident: _____
- ☐ Overlying Describe incident: _____
- ☐ Poisoning due to inhalation or ingestion Identify substance: _____
- ☐ Positional asphyxia Describe incident: _____
- ☐ Shaken Infant Describe incident: _____
- ☐ Stabbing/laceration Describe incident: _____
- ☐ Strangulation Describe incident: _____
- ☐ Suffocation Describe incident: _____
- ☐ Starvation/malnutrition Describe incident: _____
- ☐ Other (not previously identified in #27-31 or #33): _____

34. Was product safety an issue? ☐ Yes ☐ No If yes, specify: _____

35. Family/household member circumstances (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Physical handicap | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Recent suicide friend/acquaintance) | <input type="checkbox"/> Previous mental health problem; If yes, was this problem treated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Criminal behavior |
| <input type="checkbox"/> Life crisis | | |

36. Child's circumstances (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Runaway | <input type="checkbox"/> Previous mental health problem; If yes, was this problem treated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Physical handicap |
| <input type="checkbox"/> Recent suicide (friend/acquaintance) | | <input type="checkbox"/> Life crisis |
| <input type="checkbox"/> Previously known suicidal ideation | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Criminal behavior |

37. Gang related? ☐ Yes ☐ No ☐ Unknown

ANSWER THE REMAINING QUESTIONS FOR ALL DEATHS

38. Did medical error (such as misdiagnosis, surgical error, medication error) contribute to the death? ☐ Yes ☐ No ☐ Unknown

If yes, describe: _____

39. Did lack of medical care contribute to death? ☐ Yes ☐ No ☐ Unknown

If yes, describe: _____

40. Was this an unexpected death? (No prior knowledge of any medical condition that would have lead to this death) ☐ Yes ☐ No ☐ Unknown

41. Was a law enforcement investigation done? ☐ Yes ☐ No ☐ N/A ☐ Unknown If yes, specify jurisdiction: _____

Was the Infant Death Checklist received? ☐ Yes ☐ No ☐ N/A ☐ Unknown Were charges filed? ☐ Yes ☐ No ☐ Unknown

42. **SUPERVISION:**

Did lack of appropriate supervision contribute to the child's death?

☐ Yes ☐ No ☐ Unknown (If yes, answer the remainder of #42; if no, skip to #43.)

Who was the caretaker? ☐ Parent ☐ Stepparent ☐ Sibling ☐ Other relative ☐ Child Care ☐ None ☐ Other _____

Did the age of the caretaker contribute to the death? ☐ Yes ☐ No ☐ Unknown If yes identify age: _____

Did substance impairment of the caretaker contribute to the death? ☐ Yes ☐ No ☐ Unknown

If yes, identify substance(s): ☐ Alcohol ☐ Marijuana ☐ Cocaine ☐ Methamphetamine ☐ Barbiturates ☐ Narcotics ☐ Other _____

List other supervision issues: ☐ Child left alone ☐ Caretaker sleeping ☐ Mental illness ☐ Mental retardation ☐ Physical disability

☐ Other: _____

43. **CHILD MALTREATMENT:** (Refer to guidelines* at bottom of page.)

Was this death the result of child maltreatment? ☐ Yes ☐ No ☐ Unknown If yes, please complete the "Child Maltreatment Referral Form".

Describe maltreatment issues: _____

44. **If death was a homicide or result of child maltreatment,** who was (were) the alleged perpetrator(s)? Check all that apply.

☐ Boyfriend ☐ Father ☐ Girlfriend ☐ Mother ☐ Stepmother ☐ Other relative ☐ Other

☐ Child care ☐ Friend/acquaintance ☐ Institutional staff ☐ Stepfather ☐ Stranger ☐ Unknown _____

Were any of the following factors present with the perpetrator? ☐ Substance abuse ☐ Mental illness ☐ Domestic violence ☐ Mental retardation

☐ Physical disability ☐ Lack of resources ☐ Other _____

45. What was the **team's determination of manner of death?** ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined

If undetermined, describe reason for difficulty in determining manner: _____

46. To what degree was this death preventable?

☐ Not at all ☐ Probably not ☐ Probably ☐ Definitely ☐ Unknown

Circle preventable issues or factors that apply: Describe other factors not included in list.

01= Lack of prenatal care	09= Unsafe bedding	17= Drugs/alcohol	25= Failure to report abuse
02= Lack of medical treatment	10= Parental supervision	18= Driver fatigue	26= Illegal border crossing
03= Lack of immunization	11= Barriers to pool	19= Passenger in back of truck	27= Lack of mental health treatment
04= Exposure to smoking	12= Child alone in/around water	20= Helmet usage	28= Maltreatment history
05= Medical error	13= Smoke alarms	21= Access to guns/weapons	29= Domestic violence
06= Prenatal substance abuse	14= Vehicle restraints	22= Gang involvement	30= Public awareness-suicide
07= Infant sleep position	15= Inexperienced driver	23= Criminal behavior	31= Lack of substance abuse treatment
08= Co-sleeping	16= Excessive speed	24= Curfew violation	32= Failure to recognize depressive symptoms

Other: _____

47. Comments/Recommendations _____

48. Person completing this form:

Print Name _____ Date _____ Signature _____

49. Members in attendance _____

50. Documents Reviewed:

<input type="checkbox"/> Death Certificate	<input type="checkbox"/> Supplemental Death Certificate	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> CPS Report
<input type="checkbox"/> Medical Examiner Report	<input type="checkbox"/> Hospital Records	<input type="checkbox"/> Behavioral Health Records	<input type="checkbox"/> Law Enforcement Records
<input type="checkbox"/> Department of Education	<input type="checkbox"/> Public Health Records	<input type="checkbox"/> Probation Records	<input type="checkbox"/> Other

51. Signature of Team Chairperson _____

* **MALTREATMENT:**

A "yes" answer to question #43 indicates that the following criteria have been met:

1. The US Department of Health and Human Services defines maltreatment as "An act or failure to act by a parent, caregiver, or other person as defined under State law which results in physical abuse, neglect, medical neglect, sexual abuse, emotional abuse, or an act or failure to act which presents an imminent risk of serious harm to a child". This applies to the circumstances surrounding the death.
2. The relationship of the individual accused of committing the maltreatment to the child must be the child's parent, guardian or caretaker.
3. A team member, who is a mandated reporter, would feel obligated to report a similar incident to CPS.